



S.A. DRUG FREE POWERLIFTING ASSOCIATION INC

2020 MEMBERSHIP APPLICATION FORM

New Member (please tick) Yes No (If No) Allocated S.A.D.F.P.A. Registration No.....

Surname.....Given Names.....

Male Female Date of Birth.....

Mailing Address

Street.....Suburb.....P/Code.....

Telephone (Home).....(Work).....(Mobile).....

Email.....

Training Venue.....Name of Coach.....

Membership Type (Tick one box only)

- | | | | | |
|-------------|-----------|---|--------------------------|--|
| Code | LS | Lifter (Senior, 20 yrs and over) | <input type="checkbox"/> | \$80.00 |
| | LT | Lifter (Teen, 19 yrs and under) | <input type="checkbox"/> | \$45.00 |
| | LC | Lifter (Concession) | <input type="checkbox"/> | \$45.00 (please supply proof of concession) |
| | MS | Member Supporter (i.e. coach) | <input type="checkbox"/> | \$40.00 |
| | | Referee / Spot and Load | <input type="checkbox"/> | No Fee |
| | | Life Member | <input type="checkbox"/> | No Fee |

I hereby agree/disagree with the publication of my photograph via various media (newspaper, television, internet).

I hereby agree to abide by the constitution and bylaws of the South Australian Drug Free Powerlifting Association Incorporated if accepted as a member.

S.A.D.F.P.A. BY LAW STATES: Any lifter who intentionally competes in any sporting event sanctioned by any person or body which does not adhere to the drug free concept or does not adopt all schedules of the International Olympic Committee Banned substance list or is not recognized by this Association, shall be liable to suspension of Membership to this Association and all rights and benefits which accrue to such Membership

I also agree to the information provided to be used by the South Australian Drug Free Powerlifting Association Incorporated for the purpose of maintaining my membership and is not disclosed to any other persons or party. I may gain access to my information by contacting the Administration Officer.

Applicant's Signature.....**Today's Date**...../...../.....

SEND COMPLETED APPLICATION FORM ALONG WITH FEE TO

**SADFPA Administration Officer
PO Box 158
Barmera SA 5345**

Total Fee _____

Paid with (please circle)

**Cash
Cheque/Postal Order
EFT Transfer**

Cheques to be made payable to SADFPA Inc.
BSB: 805-050 Account Number: 61303262

If paying by EFT please use your name and membership code as a reference.



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Special Notice

Are you and/or your coach a member of, or associated with, any other Powerlifting group or organisation?

Yes

No

If yes, your membership will not be considered by SA Drug Free Powerlifting Assoc Inc due to the constitution.

Name (print) _____

Signature _____

Date _____